

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6840

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY **Cochise**

B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN **Douglas (rural)**)

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
1 day 6 yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION
County Hospital

2. USUAL RESIDENCE

REGISTRAR'S NO. **189**

A. STATE **Ariz.** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN **Douglas**

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
1035 16th St

3. NAME OF DECEASED

(TYPE OR PRINT)

A. (FIRST) **Lucy**

B. (MIDDLE)

C. (LAST)

Lafon

4. SEX **Fe**

5. COLOR OR RACE **W**

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH

MONTH **Dec** DAY **30** YEAR **1884**

8. AGE

YEARS **66** MONTHS **11** DAYS **29**

IF UNDER 24 HOURS
HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Housewife

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Tenn.

11. CITIZEN OF WHAT COUNTRY?
U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.

14A. FATHER'S NAME

Jesse Nunley

14B. BIRTHPLACE (STATE OR COUNTRY)
Tenn.

15A. MOTHER'S MAIDEN NAME

Laura Ann Hobbs

15B. BIRTHPLACE (STATE OR COUNTRY)
Tenn

16. INFORMANT'S SIGNATURE

Hospital Records

ADDRESS

17. DATE OF DEATH

(MONTH) **Dec.**

(DAY) **29**

(YEAR) **1951**

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTAINED.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH*

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

(a) **Arteriosclerotic heart disease & myocardial infarction**

DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH
2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Dec. 29, 1951** TO **Dec 29, 1951** THAT I LAST SAW THE DECEASED ALIVE ON **Dec. 29, 1951** AND THAT DEATH OCCURRED AT **3:10 PM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE
12-31-51

24C. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Douglas

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

27. EMBALMER'S SIGNATURE

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CERT. NO